



MICHIGAN DEPARTMENT OF NATURAL RESOURCES
FOREST, MINERAL & FIRE MANAGEMENT / GRANTS MANAGEMENT

**REQUEST FOR GRANT REIMBURSEMENT
ORV TRAIL IMPROVEMENT FUND**

This information is required for grant reimbursement by authority of Part 811, 1994 PA 451, as amended.

Refer to instructions on page 2

Grant Sponsor's Name	Grant No.
Address	Federal I.D. No.
City State Zip + 4	Total Expenditures This Request: \$

Reimbursement Request No.: _____ Payment Type: ☐ Partial ☐ Final*

***Do not check Final if all work is not completed.**

TABLE OF EXPENDITURES: To be used for requesting reimbursement for insurance, restoration and construction. Use additional sheets, if necessary, using the format below. Attach copies of all invoices and cancelled checks (non-negotiable check copies are not acceptable). For construction or restoration projects report force account and/or in-kind labor expenses on separate sheet(s) and include the following documentation: type of laborer, hours worked, wage rate, fringe rate, type of equipment, hours used, MDOT depreciation rate, etc. (canceled checks, invoices, payroll data, contractor's statement, etc.).

DESCRIPTION	AMOUNT
Insurance	\$
Restoration	\$
Construction	\$
Other	\$
TOTAL	\$

I certify that all expenditures listed above have been made during the project period and were completed according to Michigan Department of Natural Resources procedures.

Signature of Grant Sponsor's Representative

Title

Date

CERTIFICATION BELOW IS FOR CONSTRUCTION OR RESTORATION PROJECTS ONLY

I certify that all work and materials for which payment is requested have been inspected by me or a qualified person under my supervision, and that all work done and materials used in this project to date conform to the plans and specifications on file with the Department of Natural Resources.

Signature of Prime Professional

Title

Professional Reg. No. & State

Date

Signature of Prime Professional

Title

Professional Reg. No. & State

Date

FOR DNR USE ONLY - DO NOT WRITE BELOW THIS LINE

FOREST, MINERAL & FIRE MGT. (FMFM)

Amount Approved: \$ _____

Amount Approved: \$ _____

FMFM-Field Authorization Signature

Date

FMFM-Lansing Authorization Signature

Date

DNR UNIT MANAGER OR DESIGNEE:

Upon inspection and approval, submit complete reimbursement package to:

**GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL
RESOURCES
PO BOX 30425
LANSING MI 48909-7925**

GRANTS MANAGEMENT

Amount Approved: \$ _____

Grants Management Authorization Signature

Date

INSTRUCTIONS

The Grant Sponsor must adhere to the following field and payment procedure:

1. The Grant Sponsor must notify the appropriate FMFM Unit Manager or designee when work is complete and ready for inspection.
2. The Grant Sponsor must submit a completed Request for Reimbursement Form (Form PR 1990-1) to the FMFM Unit Manager or designee.
3. The Unit Manager or designee will inspect the work, authorize payment or report deficiencies to the Grant Sponsor for corrective action.
4. When all work and any required corrections have been completed to the satisfaction of the Unit Manager or designee, they will forward approved Reimbursement Request (Form PR 1991) and supporting documentation to Grants Management.
5. Grants Management will review the financial information submitted, verify that the work has been inspected by the jurisdictional agency, and that a partial or final payment has been approved by the Unit Manager or designee prior to processing payment. The Grant Sponsor must indicate on the Request for Reimbursement form that reimbursement is for either partial or final payment. Do not submit a final request until all construction or restoration work is completed.
6. Reimbursement Request (Form 1990-1) and supporting documentation should be submitted to:

**GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING, MICHIGAN 48909-7925**